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23838

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10/07/2005

KENYON & KENYON
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WASHINGTON, DC 20005

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KATHLEEN DUFFY
Kathleen S. Duffy
12/10/07

(Depositor's name)

(Signature)

(Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/891,523 | 06/27/2001 | Ryan N. Rakvic | 2207/1123601 | 3187 |

TITLE OF INVENTION: PARALLEL CACHELETS

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO | \$1400 | \$300 | \$1700 | 01/09/2006 |
| EXAMINER | ART UNIT | | CLASS-SUBCLASS | | |
| ROJAS, MIDYS | 2189 | | 711-118000 | | |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 *Blakely, Sokoloff, Taylor & Zafman LLP*
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

12/13/2007 HDEME552 00000114 09891523

(A) NAME OF ASSIGNEE

Intel Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

02 FC:1504

300.00 OP

Santa Clara, California 03 FC:1506

1360.00 OP

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Edwin H. Taylor

Registration No. 25,129

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